

# The Standardized Program Evaluation Protocol (SPEP™):

## Service Score Results:

Baseline

SPEP™ ID and Contact Time: 0335-T01

Agency/Program Name: Acadia Healthcare, Inc./Cove PREP

Service Name: Sexual Offender Group

Cohort Total: 11

Cohort Time Frame: Youth that began the service on/after January 1, 2021 and ended on/before June 30, 2022

Referral County(s): Allegheny (1), Columbia (1), Crawford (1), Erie (2), Lancaster (1), Mercer (1), Northampton (1), Northumberland (1)

Feedback Report Delivery: November 14, 2022

County/Probation Officer(s) Involved: Cumberland - Scott Shea, Deputy Chief & Chuck Hale

Dauphin - Joe Gifford and Westmoreland - Susi Strenske

EPIS SIS(s): Lisa Freese and Christa Park

Acadia Healthcare is a network of mental health and addiction treatment facilities that provides care for patients of all ages, regardless of gender. Levels of care include acute inpatient hospitals, residential treatment centers, specialty programs such as partial hospitalization and drug and alcohol detoxification, intensive outpatient treatment and medication-assisted opioid treatment clinics. A number of disorders are treated: substance abuse, dual diagnosis, eating disorders, PTSD and trauma, behavioral health disorders, psychiatric disorders, developmental disorders and memory disorders. Their treatment network spans across the United States.

Cove PREP is a sexual offender residential treatment program for males ages 12 - 20. Youth must be adjudicated delinquent with a concerning sexual background. They operate four distinct and separate units. The unit divisions are based on sub-types within the sexual offender population as described: 1. A unit for Developmentally Disabled or Developmentally young juveniles - while the core programming content is the same, this sub group requires more repetition and a slower pace due to their cognitive processing limitations and requires more concrete presentation of materials. 2. There is a unit for juveniles with co-morbid psychiatric concerns (e.g. Bipolar Disorder, history of self-mutilation; significant Mood Disorders. Another unit is for juveniles with more significant delinquency histories- these juveniles generally are older, have more aggressiveness associated with their sexual perpetration, and frequently have histories, which include other crimes against persons or property. 3. And finally, an Honors unit for residents who have demonstrated significant therapeutic and behavioral progress and are moving toward successful discharge. For youth who may demonstrate a combination of concerns, unit placement will be made based on the Treatment Team's assessment of where the youth can most effectively be served. Transfers to other units can occur throughout the course of treatment if appropriate.

The Sexual Offender Group (SO Group) occurs 2 times per week for 75 - 90 minutes each. Therapy utilizes psycho educational, cognitive behavioral and group dynamic approaches. Residents are taught to identify & correct cognitive distortions (Thinking Errors), which contribute to or maintain their sexual offending cycles. Residents are also taught: accurate definitions of "consent"; pre-offense and offense cycles; recognition of thoughts, feelings and situations which are "triggers" for their sexual offending; alternative coping, problem-solving and communication skills. Responsibility for the harm caused to their victim(s) is a continuing focus in group therapy. Residents are required to complete a sexual offending timeline and to disclose this to the group as part of their therapy. Groups also focus on behavior observed on the unit, which reflects patterns related to their sexual offending, including unhealthy attempts to gain power, manipulation, violations of interpersonal boundaries, sexual "targeting" of other residents, etc. Groups are conducted by the primary counselor (bachelor's level at minimum) on each unit. Occasionally peers may run the group on a particular topic that he may want to discuss, which is cleared with counselor. They are able to address issues, develop social skills, and build confidence; often residents who are nearing the end of their stay and getting ready to move on are those youth considered for co-facilitating a group session. Various curricula (e.g., Pathways, Roadmaps to Recovery, Footprints: Steps to a Healthy Life, Good Lives Model, Cybersex Unhooked, Stages of Accomplishment, Criminal & Addictive Thinking) are used. A counselor can pick & choose sections from any/all curricula; the counselor has skill-specific training to deliver SO Group but does not receive curriculum-specific training per se. Two specific groups can occur when appropriate for youth's progress in treatment: 1) Disclosure Group - series of sessions in which a youth presents his offense timeline, discloses elements of his offense & victims and gathers feedback from peers; counselor reviews all information relative to the Disclosure Group prior to youth's presentation; group members have similar offense histories and are typically grouped together from the same units; 2) Discharge Group - dedicated time focused on youth preparing to leave the program. It enables them to share high-risk situations & gather feedback from the group, share plans for their future and gather positive affirmations from peers; typically occurs with youth scheduled for a successful discharge. All youth participate in the SO Group.

\*Research indicates that more youth who sexually offended tend to recidivate non-sexually, rather than sexually (Caldwell, 2007; Chu & Thomas, 2010; McCann & Lussier, 2008), suggesting that it is important to consider general antisocial antecedents in addition to sexual offending risk factors. Although the YLS/CMI does not predict sexual offending, a recent meta-analysis by Olver, Stockdale, and Wormith (2009), which included unpublished dissertations, suggested that the YLS/CMI could have some utility for such a purpose.

### The four characteristics of a service found to be the most strongly related to reducing recidivism:

1. **SPEP™ Service Type:** Cognitive Behavioral Therapy

Based on the meta-analysis, is there a qualifying supplemental service? No

If so, what is the Service Type? There is no qualifying supplemental service

Was the supplemental service provided? N/A

Total Points Possible for this Service Type:

35

Total Points Received: 35

Total Points Possible:

35

2. **Quality of Service:** Research has shown that programs that deliver service with high quality are more likely to have a positive impact on recidivism reduction. Monitoring of quality is defined by existence of written protocol, staff training, staff supervision, and how drift from service delivery is addressed.

Total Points Received: 5

Total Points Possible:

20

**3. Amount of Service:** Score was derived by calculating the total number of weeks and hours received by each youth in the service. The amount of service is measured by the target amounts of service for the SPEP™ service categorization. Each SPEP™ service type has varying amounts of duration and dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction. Targeted duration and dosage for this service is 15 weeks, 45 hours.

<u>11</u>	youth in the cohort of	<u>11</u>	received the targeted Duration or Number of Weeks for a total	<u>10</u>	points
<u>11</u>	youth in the cohort of	<u>11</u>	of received the targeted Dosage or Number of Hours for a total of	<u>10</u>	points

**Total Points Received:** 20 **Total Points Possible:** 20

**4. Youth Risk\* Level:** The risk level score is compiled by calculating the total % of youth that score above low risk, and the total % of youth who score above moderate risk to reoffend based on the results of the YLS. The Risk Level of youth admitted to the service were: 4 low risk, 4 moderate risk, 1 , high risk, and 0 very high risk.

<u>5</u>	youth in the cohort of	<u>9</u>	are Moderate, High, Very High YLS Risk Level for a total of	<u>5</u>	points
<u>1</u>	youth in the cohort of	<u>9</u>	are High or Very High YLS Risk Level for a total of	<u>0</u>	points

**Total Points Received:** 5 **Total Points Possible:** 25

**Basic SPEP™ Score:** 65 total points received out of 100 points. Compares service to any other type of SPEP™ therapeutic service. (e.g. individual counseling compared to cognitive behavioral therapy, social skills training, mentoring, etc.)

**Note: Services with scores greater than or equal to 50 show the service is having a positive impact on recidivism reduction.**

**Program Optimization Percentage:** 65% This percentage compares the service to the same service types found in the research. (e.g. individual counseling compared to all other individual counseling services included in the research.)

## The SPEP™ and Performance Improvement

The intended use of the SPEP™ is to optimize the effectiveness of reducing recidivism among juvenile offenders. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

### 1. Regarding Quality of Service Delivery:

#### a. Written Protocol:

- i. It is recommended that standardization of CBT group sessions will add consistency to the delivery of CBT to the residents and will guide future counselors, who are less experienced or not familiar with the Cognitive Behavioral approaches.
- ii. Written protocol should be outlined in detail and include the many resources available that could be used in group therapy, to allow for continued flexibility and individualization of treatment for the residents.
- iii. Use or reference of the protocol should be documented in the counselor's notes.
- iv. Review of the written protocol or manual should occur at predetermined timeframes and be documented.

#### b. Staff Training:

- i. Provide training specific to the delivery of the Sexual Offender Group.
- ii. Include in written policy the requirement of the training and document the completion of the training for each staff member.
- iii. Document conference attendance and other booster training specific to the delivery of the Sexual Offender Group.
- iv. Provide in writing that the Clinical Director is trained in the facilitation of the Sexual Offender Group.

#### c. Staff Supervision:

- i. Routine observations of the Sexual Offender Group should occur and be documented. This allows for the staff to receive positive feedback as well as suggestions on ways to improve facilitation for future groups. This can be done in a "co-facilitation" group to allow for a more organic technique of observation not noticed by the participants.
- ii. It is recommended that the Clinical Director share written feedback on the delivery of group.
- iii. Performance reviews or evaluations should include a reference to the quality of service delivery specific to the Sexual Offender Group.

#### d. Organizational Response to Drift:

- i. Create a policy that identifies and addresses departure from fidelity and quality of service delivery.
- ii. Document when the policy is utilized or reviewed.
- iii. Include a specific set of corrective action steps should drift occur.
- iv. Create a mechanism to collect data on the effectiveness of Sexual Offender Group.
- v. Utilize the data to adapt or improve service delivery.